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CONFIRMATION NO. 3216

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/725,837	12/01/2003 RULE	601	3771	017622-000130US						
APPLICANTS Tony Reid, Menlo Park, CA;										
** CONTINUING DATA ***** This application is a CON of 09/152,782 09/14/1998 PAT 6,656,141 which is a CIP of 08/860,430 09/05/1997 PAT 5,916,183 which is a CIP of 08/390,866 02/17/1995 ABN <div style="float: right; border: 1px solid black; padding: 2px;">Yes /CTO/</div>										
** FOREIGN APPLICATIONS ***** <div style="float: right; border: 1px solid black; padding: 2px;">None /CTO/</div>										
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** 03/01/2004										
<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"> Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CLINTON T OSTRUP/ Examiner's Signature </td> <td style="width: 15%;"> <input type="checkbox"/> Met after Allowance Initials </td> <td style="width: 15%;"> STATE OR COUNTRY CA </td> <td style="width: 15%;"> SHEETS DRAWINGS 10 </td> <td style="width: 15%;"> TOTAL CLAIMS 9 </td> <td style="width: 10%;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CLINTON T OSTRUP/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CA	SHEETS DRAWINGS 10	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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ADDRESS TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 UNITED STATES										
TITLE Multiple sleeve method and apparatus for treating edema and other swelling disorders										
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						